



COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
4300 CHERRY CREEK DRIVE SOUTH
DENVER, COLORADO 80246

EMERGENCY MEDICAL PRACTICE ADVISORY COUNCIL (EMPAC)
AUGUST 13, 2012
MEETING MINUTES

CALL TO ORDER

Will Dunn

William Dunn, EMPAC Chair, called the August 13, 2012 Emergency Medical Practice Advisory Council (EMPAC) to order at approximately 9:05 a.m.

Roll Call

A quorum was established.

Members Present

Dr. Stein Bronsky (via telephone), Thomas Candlin, William Dunn, Dr. Gene Eby, Dr. William Hall, Dr. Art Kanowitz, Dr. Benji Kitagawa, Dr. Diana Koelliker (via telephone), Jason Kotas, Michelle Reese, and Dr. Kevin Weber

Members Excused

None

Members Absent

None

EMTS Section Staff Present

Sean Caffrey, Joni Briola and Randy Kuykendall

Members of the Public

Cameron Duran, Lisa Connelly & Dr. Shannon Sovndal w/ Northern Colorado Med EVAC, James Richardson w/ Aspen Ambulance, Kevin Burgess w/ Poudre Valley Hospital System EMS, Captain Bill Johnston and Dr. Kevin McVaney w/ DHPD. Captain Mark Turner and Chief Randy Leshner, Thompson Valley EMS.

Approval of Minutes

Will Dunn

The draft minutes of the May 15, 2012, EMPAC meeting had been e-mailed to each of the EMPAC members prior to today's meeting for their review and approval. These minutes are also available for viewing at www.coems.info/EMPAC.

Motion

MOVED BY DR. HALL, SECONDED BY DR. KITAGAWA TO APPROVE THE MINUTES FROM THE MAY 15, 2012 EMPAC MEETING.

Motion Carried

MOTION PASSED UNANIMOUSLY.

Introductions

Sean Caffrey

Dr. Diana Koelliker joined the meeting via teleconference and was formally introduced to the committee members. The committee members also introduced themselves to her. Dr. Koelliker is currently the Director of Trauma and Emergency Services at the Telluride Medical Center, a

level 5 trauma center and is also the Medical Director for EMS services provided through the Telluride Fire Protection District which serves a substantial portion of eastern San Miguel County including Mountain Village, Ophir, Placerville, Sawpit and Telluride. Additionally, Dr. Koelliker has previous experience as the medical director for the AirCare program of the San Juan Regional Medical Center in Farmington NM and has been a practicing emergency physician since 1998.

Correspondence

Will Dunn

There were two correspondences received. These were:

- A letter from the Denver Metro EMS Medical Directors regarding the ongoing critical drug shortages beginning to appear with several drugs
- Mr. Jason Kotas provided the article titled *Rapid Sequence Intubation for Pediatric Emergency Patients: Higher Frequency of Failed Attempts and Adverse Effects Found by Video Review* by Benjamin T. Kerrey, MD et al. He also included an editorial citing the Kerry study *A is for Airway: A Pediatric Emergency Room Challenge* by Dr. Steven Green.

Drs. McVaney and Eby addressed the council about the impending critical shortage of some EMS medications and the ongoing discussion and concerns amongst the Denver Metro EMS Medical Directors committee that led to the letter. Currently, many EMS agencies in the metro area are trying to work cooperatively with the pharmacies at their local hospital facilities with the hope of tapping into larger resources for medications that continue to be in short supply. Additional discussion ensued regarding the drug shortage issue and federal efforts underway to examine the situation. Dr. Kanowitz applauded the DMEMSMD group for coming forward regarding this issue. The group concluded that the EMPAC has shown that it is fairly nimble when it comes to addressing the current issues through waiver requests and encouraged a cooperative effort within the EMS community to make the best of the current situation.

CDPHE Report

Michelle Reese

STAFF UPDATE: Ms Michelle Reese gave an update on the staffing situation: Joni Briola has been hired as the new Education and Practice Coordinator since the last meeting and will be transitioning into the role of providing staff support for the EMPAC in the future. The Professional Standards Manager is close to being hired. An offer has been made and it should be filled soon. Mr. Sean Caffrey was thanked for his service in the interim period and he will continue to assist as the Chapter Two rules are updated as he returns to his EMS systems role. Mr. Matt Paswaters has been hired as the Contracts and Boards/Commissions Coordinator, replacing the position previously held by Celeste White. Matt has worked for C-DOT in a similar capacity for the last five years and will work closely with Ms. Jeanne-Marie Bakehouse to make sure the contracting process continues to run smoothly. Other open positions are still pending with more to follow.

There was a Trauma Rapid Planning Event (RPE) held recently using Lean methodology. There were 9 recommendations made including changes to the current trauma designation system. The draft recommendations are currently available on the CDPHE website for public comment. An interim STAC meeting will be held on September 5th in the Cleere-Sabin room at CDPHE to accept additional comments. Dr. Gene Eby was at the RPE event and felt it was organized and thorough and produced some interesting challenges including the role of Critical Care Transport for trauma patients. Ms. Reese also invited everyone to attend an interim Public Policy and Finance Committee meeting to discuss future grant funding items. This meeting will occur on August 29th at 13:00 in room C1E.

RECENT LEGISLATIVE CHANGES

Legislation recently passed that will require certification rule changes (6 CCR 1015-3 Chapter One). The changes are intended to ease the burden of military personnel and their spouses regarding their professional licenses and certificates, including EMS provider certifications. Discussion ensued regarding the particulars. Draft rule changes will be presented to the SEMTAC in October to codify the legislative changes already in effect for affected military personnel and spouses.

REPORT ON COMMUNITY PARAMEDIC FORUM

Mr. Caffrey gave a synopsis of the Community Paramedic Forum held on July 27, 2012. The intent of the meeting was to bring together stakeholders from both the EMS community and the public health/home healthcare profession to discuss the challenges surrounding the issue of creating a different model of EMS-based, non-emergency care provided in a community setting. The meeting was well attended with many learning opportunities across disciplines. The Home Health program and EMTS section gave presentations explaining how their industries are licensed and regulated. This was followed by a presentation from Western Eagle County Ambulance District (WECAD) explaining its "Community Paramedic" program; WECAD leadership discussed the challenges and opportunities they've discovered in attempting to bridge two very different arenas. A large number of attendees agreed to form a taskforce to see if they could better define the role and come up with a regulatory framework to address the issues raised during the forum. Anyone who is interested can sign up and an e-mail list has been created at www.coems.info for anyone wishing future updates on the issues.

EMPAC Policy and Procedures

Update

*Sean Caffrey
Art Kanowitz*

IMAGE TREND UPDATE.

Mr. Caffrey explained how the Image Trend data base will initially be used to streamline the certification of EMS providers by creating an on-line application and approval process. The system is currently being configured and tested and is expected go live somewhere near the end of the 2012 or spring 2013. The program is also expected to be used for air ambulance licensing, education program recognition and medical direction registration in the near future. Online waiver applications and reporting is expected to be added in a year or two.

PUBLICLY AVAILABLE WAIVER REPORTS

Dr. Kanowitz advised that a list of all current and active waivers, the associated medical directors and the waiver expiration dates will be available on the CDPHE website within the next two weeks. The data base is currently being reviewed and updated so that the list is as accurate and up-to-date as possible.

2012 Practice Rules Update

Discussion

Will Dunn, Sean Caffrey, Art Kanowitz

ASSIGNED PARKING LOT ITEMS

Over an hour was devoted to making some progress on items that have been in the EMPAC issues "Parking Lot". Mr. Caffrey explained that the reason assignments were made for these items is that the department has a goal of having a rough draft of Chapter Two rules updates ready for the November meeting with further progression into the public comment phase through February 2013 and a final product in place by June of 2013.

- Discussion around automatic transport ventilators centered around how individual ventilator models span a wide spectrum and can be used by multiple levels of EMS providers, depending on their settings. Complex ventilators, used primarily in the interfacility transport environment, require specific advanced training to operate properly. It was decided that Dr. Kanowitz would survey medical directors to see what types of ATVs they are using or seeing and how they are training their staff to use them as a first step in better evaluating how to address ATVs in future rule revisions.

- Y* - Direct Verbal Order Requirements reviewed by Candlin / Weber.

Mr. Candlin talked about how the medical directors overseeing EMT-Is initially said yes to removing the Y* from the protocols. However, this concept became less appealing after consideration of EMT-Is role and run in low volume systems with limited training and continuing education opportunities. The department is concerned that state-level regulation of this item may be less effective than leaving authorization up to local medical directors, especially considering technology constraints. Most EMPAC members were not in favor of dropping the Y* concept, however, a better way of defining special circumstances may be useful.

- Procedural Sedation Restrictions reviewed by Eby / Hall: Dr. Hall talked about how current procedural sedation is defined by JAHCO for the in-hospital setting and how that does not translate well in the EMS environment. Both recommended that the rule should require prehospital documentation to clearly identify that the use of sedative drugs was not to be combined in order to alter the patient's mental status in order to perform a procedure.

- Assistance with prescribed medications (i.e. solu-cortef for Addison crisis) / OTC drugs - Kotas / Kitigawa. Currently, the biggest issue surrounds the use of solu-cortef in patients with hyperadrenal crisis. The easiest fix would be to add solu-cortef to the EMT-I and paramedic formulary. The problem is that there are so many obscure diseases and such a wide variety of special needs patients, that there is no way to address all the situations that might arise. It was suggested

that the rules should define the correct procedure for any potential special situations and attempt to define the line between scope of practice and waived procedure. Many in attendance felt that special circumstances should require a base contact for a direct physician order or transport, if medical direction was not available.

- Approach to lab / diagnostic tests (i.e. i-stat, lactate monitoring) - Hall / Bronsky: Most felt that the use of diagnostic testing should only be used to report information to the receiving hospital and that the information should not be used to make decisions in the field that alter patient care or patient destination, unless it was to upgrade the level of urgency (i.e. rerouting a trauma patient to a higher level facility). Diagnostic testing should likely not be used to “down triage” a patient so that they can be left on scene.
- Appropriate classification / categorization of drugs in the rule - Candlin / Bronsky. This issue was tabled to the new business portion of the meeting so that public comment could be made on pediatric RSI before the lunch break.

Pediatric Airway / RSI Guidelines Task Force Update

Will Dunn

Bill Hall

Dr. Hall presented the final report from the Pediatric RSI taskforce. The task of creating guidelines for evaluating pediatric RSI waiver requests turned out to be very difficult and contentious. There was a misunderstanding as to the purpose of the taskforce from the beginning: one group thought the goal was to identify the process while the other felt the task was to determine if Pedi RSI should be performed in the field at all. In the end, a group of the pediatric experts recused themselves from the process. An attempt was made to allow for their continued participation by creating two levels of protocol, one that addressed the management of difficult airway and one that continued on to address management of the failed airway, but this proved unworkable. The task force was able to create guidelines for both types of airway issues and also a reporting tool similar to the adult RSI reporting form. The guidelines that the taskforce created will be sent to the Pediatric Emergency Care Committee for further discussion and refinement. Discussion followed regarding appropriate training, experience and ongoing competency in order to perform this procedure. Dr. Ross indicated that he has decided not to renew his current waiver when it expires in November because his agencies perform so few of the procedure.

Public Comments

Dr. McVaney attended to represent the pediatric specialists who opted to remove themselves from the task force process. He wanted to emphasize that this group feels very strongly that no airway protocol should ever end in RSI in the prehospital setting. They are not opposed to a paramedic performing RSI as part of a flight crew configuration. Dr. Eby reiterated that the committee should realize that pediatric RSI is dangerous before making any recommendations. They should respect the opinion of the pediatric experts and realize that nothing has been resolved in the year since this issue was first raised.

MOTION

MOTION MADE BY DR. HALL SECONDED BY DR. WEBER TO APPROVE THE GUIDELINES DEVELOPED BY THE TASK FORCE

MOTION PASSED

Waiver Review and Recommendations

Will Dunn

Consent Agenda

AS A TOOL TO REVIEW FUTURE WAIVER REQUESTS FOR PEDIATRIC RSI.

MOSTION PASSED WITH DR. EBY VOTING NAY

Dr. Weber requested waiver 12-92 for metaprolol be removed from the consent agenda.

12-57 Dr. Grant Hurley- renewal request for shoulder reductions for EMT IV and above - Wolf Creek Ski Patrol

12-59A-B Dr. David Ross – renewal request for initiation of IV NTG- Southwest Teller County EMS and Ute Pass Regional Ambulance District

12-60 Dr. Kevin Weber - renewal request solu-cortef - Lamar Fire & Ambulance

12-66 Dr. Laila Powers - renewal request surgical cricthyrotomy - Steamboat Springs Fire

12-77 to 12-91 – Dr. Shannon Sovndal – multiple waiver transfers – North Colorado Medevac

12-93 to 12-101 Dr. Shannon Sovndal – multiple waiver transfers – North Colorado Medevac

MOTION

MOTION BY MR. CANDLIN SECONDED BY DR. HALL TO APPROVE CONSENT AGENDA

MOTION PASSED

PASSED WITH DR. WEBER ABSTAINING

Discussion Agenda

12-35 Jobin; initial request for Pitocin Thompson Valley Ambulance

Discussion between the EMPAC members, Dr. Jobin and Mr. Leshner ensued regarding clarification of protocol and expected need.

MOTION

MOTION BY DR. HALL SECONDED BY DR. WEBER TO APPROVE AS SUBMITTED.

MOTION PASSED

PASSED UNANIMOUSLY

12-51 Turpen; initial request Adult RSI Tristate Care Flight

Due to confusion regarding current protocols and training methods, Dr. Turpen agreed to table the request until the November meeting pending additional clarification.

TABLED

VOLUNTARILY TABLED

12-53 Turpen; initial request Surgical Cric Tristate Care Flight

Due to confusion regarding current protocols and training methods, Dr. Turpen agreed to table the request until the November meeting pending

additional clarification.

TABLED

VOLUNTARILY TABLED

Dr. Keenan presented the waiver and discussed how Fort Carson EMS personnel operated both on and off the Fort Carson military post. Additional questions regarding training, protocols utilized, quality improvement and use of the Colorado RSI guideline were also discussed. Dr. Keenan agreed to table the request until November since he will be training a replacement in the next 2-3 weeks. He voiced frustration that he was not given more instruction and notification prior to today's meeting. It was agreed that staff would work more closely with first time applicants in the future to help them navigate the process more smoothly. Mr. Dunn expressed his gratitude that Dr. Keenan had agreed to participate in the state process and Sean Caffrey agreed to make sure the state office follows up with Dr. Keenan.

TABLED

VOLUNTARILY TABLED

12-61 Gifford; initial request IO drill insertion in CA by EMT IV Colorado Springs Fire

A representative of Dr. Gifford from Colorado Springs FD discussed the waiver request and its intended use. Discussion ensued regarding the application of the waiver and the team CPR concept used in Colorado Springs.

MOTION

MOTION BY DR. EBY SECONDED BY MR. KOTAS TO APPROVE

MOTION PASSED

PASSED WITH DR. BRONSKY ABSTAINING

12-62 A-D Martinez –renewal request for droperidol, Aspen Ambulance, et al

Dr. Weber asked to move this item from the consent agenda to discussion because of a discrepancy in the doses for combative patients. Mr. Richardson agreed that the dose submitted is a typo and he will adjust in the protocol.

MOTION

MOTION BY DR. WEBER SECONDED BY DR. HALL TO APPROVE PENDING DOSING CHANGE IN PROTOCOL.

MOTION PASSED

PASSED UNANIMOUSLY

12-63 Martinez – renewal request RSI Aspen Ambulance, et al

Dr. Christopher Martinez joined by telephone. He is the primary medical director for four Aspen area agencies with doctors Glissman, Gallagher and Balko as co-medical directors. He would like waivers to reflect all agencies. He gave a run-down of data during the waiver period: three in three years with nine others that chose not to RSI. Only most experienced paramedics are cleared to perform RSI and they receive both live and mannequin training, along with skills rodeos and M&M of every case. He also states he is using two agents, including ketamine and encouraged the committee to add it to the list of accepted medications.

MOTION

MOTION BY DR. WEBER SECONDED BY DR HALL TO APPROVE

MOTION PASSED

12-64 Hearne; initial request
ketamine Eagle County Ambulance

PASSED UNANIMOUSLY

Mr. Dunn presented the waiver on behalf of Dr. Hearne. The request to use Ketamine in the RSI protocol is primarily related to etomidate availability issues. Discussion ensued regarding adding Ketamine to the current RSI guideline.

MOTION

MOTION BY DR. HALL SECONDED BY DR. EBY TO APPROVE

MOTION PASSED

PASSED WITH MR. DUNN ABSTAINING

12- 65 A-F Powers; initial request C-
PAP for EMT multiple agencies

Dr. Powers or a representative was not available for comment. Concerns regarding indications, and discontinuation criteria in the protocol were raised. Additional questions regarding training and QA were also identified. Group consensus was to take no action until questions could be answered.

MOTION

NO ACTION TAKEN

12-67Powers; initial request
droperidol Steamboat Springs Fire

Dr. Powers or a representative was not available for comment. Council members had some questions regarding the application that could not be answered and agreed to take no action at this time.

MOTION

NO ACTION TAKEN

12-68A-F Powers; initial request oral
zofran for EMTs multiple agencies

Dr. Powers or a representative was not available for comment. Concerns were raised that the protocol submitted was a paramedic protocol and that there would be -no problem approving the waiver if an EMT specific protocol (stating it must be given orally) was submitted.

MOTION

NO ACTION TAKEN

12-69 Powers; renewal request Adult
RSI Steamboat Fire Rescue

Dr. Powers or a representative was not available for comment. Concern was expressed that no historic data or QA summary of the procedures was submitted. Staff indicated that this information has been requested by phone and was yet to be received. A discussion ensued about whether a waiver can be tabled, if it expires before the next meeting. (This waiver expires August 16, 2012). After some discussion it was determined that the absence of action would allow the waiver to continue until the EMPAC acted on the waiver in accordance with the Administrative Procedures Act. Dr. Powers would be encouraged to update the application and to attend the next meeting in order to allow the waiver to be acted upon.

MOTION

NO ACTION TAKEN

12-70 A-C Hughes; renewal single
lumen airways multiple agencies

Dr. Hughes joined by telephone. He reports no cases during the waiver period where the single lumen airway was used. Comments were made

that single lumen airways will probably be added to scope of practice in the rules update.

MOTION

MOTION TO APPROVE BY MR. KOTAS SECONDED BY DR. EBY

MOTION PASSED

PASSED UNANIMOUSLY

12-71 A-C Hughes; initial request droperidol for multiple agencies

Dr. Hughes addressed a question regarding EMT-Intermediates in the context of this waiver. EMTs will be allowed to administer the medication under the direction of a paramedic.

MOTION

MOTION TO APPROVE BY DR. WEBER SECONDED BY DR. KITIGAWA.

MOTION PASSED

PASSED UNANIMOUSLY

12-72 A-B Hughes; initial request shoulder reduction multiple agencies

Questions were addressed regarding the techniques being taught for this procedure. Dr. Hughes explained that he will personally be training his staff and that the most experienced providers would be the ones cleared to perform this procedure. Recommendation was made that the protocols reflect that traction should be gentle and that all patients be transported for follow-up.

MOTION

MOTION TO APPROVE BY MR. KOTAS SECONDED BY DR. KOELLIKER

MOTION PASSED

PASSED UNANIMOUSLY

12-73 Hughes; initial request for surgical cric for Upper San Juan Health Services District

Dr. Hughes explained that this agency has had RSI waiver for several years and he would like to add surgical cric as an option. He trusts his crews to make the appropriate decision and trains annually using sheep tracheas for practice. A request was made to have the protocol to reflect the recommended ET tube size.

MOTION

MOTION TO APPROVE BY MR. CANDLIN SECONDED BY DR. EBY

MOTION PASSED

PASSED UNANIMOUSLY

12-74 Hughes; initial request intrafacility monitoring of Alteplase for Upper San Juan Health Services District.

Dr. Hughes requests adding this medication to his waivers (although the chances are rare) due to Pagosa Springs having an agreement with Swedish Medical Center for telemedicine consults and agreements to transport patients to the nearest stroke capable center. A request was made to have the protocol changed to reflect "to be allowed only if CCT is not available."

MOTION

MOTION TO APPROVE BY DR. HALL SECONDED BY DR. KITIGAWA PENDING CHANGES TO PROTOCOL

MOTION PASSED

PASSED UNANIMOUSLY

12-75 Hughes; initial request
intrafacility monitoring of levophed
for Upper San Juan Hospital District

MOTION

Dr. Hughes stated he expected levophed will be transported somewhat more regularly than alteplase. The same recommendations as above regarding only if CCT unavailable was made.

MOTION TO APPROVE BY DR. HALL SECONDED BY DR.
KITIGAWA PENDING CHANGES TO PROTOCOL NOTED ABOVE

MOTION PASSED

PASSED UNANIMOUSLY

12-76 Hughes; initial request
intrafacility monitoring of protonix
upper san Juan

MOTION

No questions were raised. The members discussed the reasonableness of adding protonix to the IFT formulary.

MOTION TO APPROVE BY DR. HALL SECONDED BY DR.
KITIGAWA

MOTION PASSED

PASSED UNANIMOUSLY

12-92 Sovndal Transfer request for
metoprolol

MOTION

Discussion ensued regarding the fact that metoprolol has fallen out of favor among current practitioners for use in ACS and AMI. Dr. Sovndal agreed to remove the indication from the current protocol.

MOTION BY DR. HALL TO TRANSFER THE WAIVER TO DR.
SOVNDAL MAINTAINING THE CURRENT TERMS AND
CONDITIONS WITH THE PROTOCOL ADJUSTMENTS NOTED
ABOVE. SECONDED BY DR. WEBER.

MOTION PASSED

PASSED UNANIMOUSLY

12-101 Sovndal transfer for Adult
RSI

It was noted that the protocol for surgical cric was submitted instead of RSI protocol. Ms Lisa Connelly agreed to send it immediately and added that they had added a requirement of 20 intubations (live or simulated) during orientation and 1 age specific intubation (live or simulated) each quarter in order to meet new CAMTS requirements

MOTION

MOTION BY MR.KOTAS TO TRANSFER THE WAIVER TO DR.
SOVNDAL MAINTAINING THE CURRENT TERMS AND
CONDITIONS SECONDED BY DR. WEBER.

MOTION PASSED

PASSED UNANIMOUSLY

12-102 Sovndal transfer request
surgical cric Northern Colorado Med
Evac

Discussion followed regarding the training used for this procedure and appropriate reporting.

MOTION

MOTION BY MR. CANDLIN TO TRANSFER THE WAIVER TO DR.
SOVNDAL MAINTAINING THE CURRENT TERMS AND
CONDITIONS SECONDED BY DR. KOELLIKER

MOTION PASSED

PASSED UNANIMOUSLY

12-103 Sovndal transfer request
Pediatric RSI Northern Colorado
Med Evac

This waiver is due for renewal at the November 2012 meeting. It is a separation of the pediatric RSI protocol from the Adult RSI protocol

MOTION

MOTION BY DR. EBY TO TRANSFER THE WAIVER TO DR. SOVNDAL MAINTAINING THE CURRENT TERMS AND CONDITIONS SECONDED BY MR. KOTAS

MOTION PASSED

PASSED WITH DR. KITIGAWA ABSTAINING

New business

The discussion on diagnostic technology was briefly resumed. Dr. Eby noted that the reliability of field testing is laughable. Mr. Caffrey explained that CLIA standards address reliability and would have to be met by individual agencies in addition to waiver requirements. Mr. Caffrey also explained how the scope of practice rules were meant to keep up with the standard of care, not to anticipate and stay ahead of new technologies. The consensus is that diagnostic technology should not be used to change point of care decisions, especially if the technology is used to leave a patient on scene and should be reflected in the rules as such.

Dr. Bronsky and Mr. Candlin finished the parking lot items with a discussion of using medication classifications over the current practice of a separate list of medications. Dr. Kanowitz explained that the current approach was instituted due to a lot of creep in scope. Mr. Dunn stated that there are places where drug classifications make sense and places where they do not and that a hybrid approach would make sense. Dr. Hall's concern is that some drugs cross classifications and could be used outside of scope. He gave the example of etomidate falling into the sedative hypnotic classification and that agencies could interpret that it was ok to use it to assist intubation. Mr. Caffrey also supported this sentiment with drugs that fall into several different classifications and suggested a simple formulary approach. An attempt will be made to draft the appropriate language using a hybrid approach for presentation in November.

Dr. Hall asked for advice on how to draft new protocols for the Northwest RETAC. He is struggling with whether protocols are guidelines or a training device. Dr. Eby suggested he adopt the DMEMSMD approach of a side A and B, with one side being true protocols and the other side including training information.

Mr. Kotas asked where the November meeting would be, here or at the state EMS conference. Ms. Reese indicated that consideration of an off-site meeting in the spring was appropriate.

Mr. Caffrey discussed that there is currently a [survey](#) on survey monkey asking for input on the upcoming rule changes and encouraged the group to get the word out.

Mr. Dunn reiterated that all Council members make every effort to attend EMPAC meetings in person.

Adjournment

MOTION

MOTION TO ADJOURN BY MR. KOTAS SECONDED BY DR. HALL

MOTION CARRIED

PASSED UNANIMOUSLY

NEXT MEETING

Monday, November 12th 2012 9am to 4:00 pm
Colorado Department of Health room C1E